IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MISSOURI WESTERN DIVISION

(Write the District and Division, if any, of the court in which the complaint is filed.)

Unlawful arrest + Detection Unlawful Search + Seizurg	Complaint for Violation of Civil Rights
(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see	(Prisoner Complaint) 1 - 3 3 9 9 - CV - S - RK Case No. (to be filled in by the Clerk's Office)
attached" in the space and attach an additional page with the full list of names.) -against-	

REQUEST FOR TRIAL BY JURY

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include

addresses here.)

Plaintiff requests trial by jury. Yes No

I. The Parties to This Complaint

THET	arties to This Compian	III.
A. 7	Γhe Plaintiff(s)	
	Provide the information beloadditional pages if needed.	ow for each plaintiff named in the complaint. Attach
	Name	Mathew J. Wise
	All other names by v	which you have been known:
	ID Number Current Institution Address	27900/ Taney county PO Box 1005 Forsyth 1110 65653
В. Т	The Defendant(s)	1
		ach defendant named in the complaint, whether the ment agency, an organization, or a corporation.
Make sur caption.	re that the defendant(s) liste	ed below are identical to those contained in the above
For an in you are bor both.	dividual defendant, include ringing this complaint agai	the person's job or title (if known) and check whether nst them in their individual capacity or official capacity,
Attach ac	dditional pages if needed.	
D	efendant No. 1	
	Name	Chepler
	Job or Title (if known)	Police Officer
	Shield Number Employer Address	Hollister City

Official capacity

Individual capacity

Defendant No. 2			
Name	2 other	/	
Job or Titl (if known)	le Police	56t, Female agent	onscene
Shield Nu			
Employer	CANOF	Hollister	
Address			
Indiv	vidual capacity	Official capacity	
D			
Basis for Jurisdiction	n		
privileges, or immunities Unknown Named Agents	secured by the Constitution an	icials for the "deprivation of any rigind [federal laws]." Under <i>Bivens v. Ses</i> , 403 U.S. 388 (1971), you may supply rights	Six
TOWN OF THE VI	oration of our and ourselfactories	*1 1151110.	
A. Are you bringing s	uit against <i>(check all that appl</i>)	y):	
Federal of	ficials (a Bivens claim)		
State or lo	cal officials (a § 1983 claim)		
immunities secured	l by the Constitution and [feder let Bivens may only recover for	-	
What federal cons state or local offic		do you claim is/are being violated by	у
Soarch & My Home	Soizuro. Righ	t to be socure in	

II.

III. Prisoner Status

indica	tte whether you are a prisoner or other confined person as follows (check all that apply):
N	Pretrial detainee
Ļ	Ficular detained
	Civilly committed detainee
	Immigration detainee
	Convicted and sentenced state prisoner
	Convicted and sentenced federal prisoner
	Other (explain)

IV. Statement of Claim

Write a short and plain statement of FACTS that support your claim. Do not make legal arguments. You must include the following information:

- · What happened to you?
- What injuries did you suffer?
- Who was involved in what happened to you?
- · How were the defendants involved in what happened to you?
- Where did the events you have described take place?
- When did the events you have described take place?

If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I was a liested detained transported By according Officer wheeler + 2 other Hollister folice officers outside the city limits
Officer wheeler + 2 other Hollister Police officers putsicp
their Jurisdiction in Hodliston MO outside the city limits
They sourched my vehicle without consent + low serial whilese
ON the computar, I fad and another tobiot on the way to the folice
Station the chief of folice Mest called office wheeler + tord
Nimto take me back to my wehicle and release as 1+ was an
Man arrest. I lost my Job, & my I And + computer were brok
Depend People Sav me in Howacufts, Officer whoslow then wer
to bary Petersons house, toldhim. I stole Abunch of Kemsque
He is a lucky Mother Fucker I am embarased and our do not
He is a locky Mother Fuckor' I am embarased and on do not go do not tobe

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

My Sholdor was Twisted + has hartever sixo. I
have not had the \$ to go to the Dr. Every time I
soo an officer trath Have a Dourt attent. Last
Find Employment, run my Buisness of outling sales
Without a computer & Taslet. I'm Not allowed to go to Gary's
harso, the It was whose I was living but he kicked my out
because what chapler said. I've Bean Homoless sink other

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I won't those officers	to pay for My Broken Items
Which were \$28050 @	65 0000 For Under Stress of Embargances
and losing my housing.	to far for My Broken Items 1000 for Under Stressed embrussment 15000 0 Officer whooler Hart
My Sholder + I can't	it michal un arm maker to 1000:

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

7.	What was the result of the case? (For example: Was the case dismissed? Was-judgment entered in your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 0	2017 11 11
Signature of Plaintiff	Mathowally
Printed Name of Plaintiff	- Matthews wise
Prison Identification #	2 FIOG
Prison Address	P.O. BOX 1005
City State Zip Code	forsyth MO 65653

Matthew & Wise

POROX 1005

FORSYTH MO 656563

Clerks office

CORRECTIONAL FACILITY

SPINNATION OF Hammon'S FRANCE

SPINNATION OF HOMMON'S FRANCE

CORRECTIONAL FACILITY

SPINNATION OF HAMMON'S FRANCE

SPINNATION OF HA